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Clinical Neurology Specialists
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NEW PATIENT SCHEDULING CONTACTS
☎ PHONE: (702) 804-4949
FAX: (702) 577-0985

SERVICES
Neurological Evaluation / Treatment, NCV/EMG, EP, EEG, VIDEO EEG, TCD

REFERRAL FORM

STEP 1: ENTER PATIENT INFO:

REFERRAL DATE: ____/____/____

PATIENT NAME:	DOB: ____/____/____	SSN:	EMAIL:
PATIENT ADDRESS (Street):	(City):		(State and Zip):
CELL PHONE:	WORK / ALT. PHONE:		HOME PHONE:
REF. PHYSICIAN NAME / CLINIC NAME / PHONE NUMBER:			FAX / FAX CONTACT:

STEP 2: CHOOSE THE PAYER: (Some payers may require prior auth)

☐ INSURANCE

INSURANCE (Primary): HMO | PPO | OTHER	AUTHORIZATION #:	EXPIRATION DATE: ____/____/____
INSURANCE (Secondary): HMO | PPO | OTHER	AUTHORIZATION #:	EXPIRATION DATE: ____/____/____

☐ WORKERS' COMPENSATION

WORKERS' COMPENSATION COMPANY:	CLAIM #, DOI ADJUSTER:	PHONE:

☐ MEDPAY ☐ MEDICAL LIEN ☐ OTHER

PAYER / CLINIC / ATTY / FIRM:	FAX / FAX CONTACT:	PHONE:

STEP 3: CHOOSE A SERVICE & CODE: (Some services may require prior auth)

☐ EVAL/TREATMENT 99245 (1) Reason for consult:_____

MOST COMMON REASONS & CODES (check one or more)

- ☐ ABNORMAL BRAIN SCAN R94.02
- ☐ CARPAL TUNNEL UNS G56.00
- ☐ DIZZINESS/GIDDINESS R42
- ☐ HEADACHE R51.9
- ☐ PAIN IN LIMB M79.609
- ☐ MUSCLE WEAKNESS M62.81
- ☐ NUMBNESS R20.2
- ☐ OTHER SEIZURES G40.89
- ☐ SYNCOPE R55
- ☐ TREMORS/TWITCHES G25.0
- ☐ BACK PAIN M54.5
- ☐ DEMENTIA F02.80
- ☐ GAIT DISORDER R26.9
- ☐ HEAD INJURY S09.90XA
- ☐ MEMORY LOSS R41.3
- ☐ NECK PAIN M54.2
- ☐ POST CONCUSSION SYN F07.81
- ☐ SLURRED SPEECH R47.81
- ☐ STROKE I63.50
- ☐ ULNAR NERVE INJ G56.20

☐ EDX LAB CONSULT Provisional Diagnosis to be answered by EMG\NCV procedure is:_____

☐ EMG\NCV UPPER EXTREM. 99245(1), 95913(1), 95886(2) ☐ EMG\NCV LOWER EXTREM. 99245(1), 95913(1), 95886(2)

MOST COMMON REASONS & CODES (check one or more)

- ☐ ABNORMAL INVOLUNTARY MOVEMENTS R25.0-R25.9
- ☐ CARPAL TUNNEL SYND G56.00-G56.03
- ☐ CRAMP / SPASM R25.2
- ☐ INJ LUMBAR / SACRAL SPINE S34.101-S34.139
- ☐ MUSCLE WEAKNESS GENERALIZED M62.81
- ☐ NUMBNESS/TINGLING R20.0-R20.9
- ☐ PAIN IN SHOULDER M25.511-M25.519
- ☐ RADICULOPATHY M54.10-M54.18
- ☐ BRACHIAL PLEXUS DIS G54.0
- ☐ CERVICAL DISC DIS /W RADICULOPAT M50.10-M50.13
- ☐ DIS OF PERIPHERAL NERVOUS SYSTEM G50.0-G72.9
- ☐ MONONEUROPATHIES UPPER LIMB G56.00-,G56.20-,G56.80-
- ☐ NEURALGIA/NEURITIS UNS M79.2
- ☐ OTHER UNSP INJURIES THORACIC SPINE S24.101-, S24.151-
- ☐ PAIN IN LIMB M79.601-M79.609
- ☐ SCIATICA M54.30-M54.32

STEP 4: FAX ☐ THIS FORM, ☐ PROGRESS NOTES, ☐ ID, ☐ INS. CARD, ☐ AVAILABLE RECORDS TO SECURE FAX (702) 577-0985

SEE THE REVERSE SIDE OF THIS REFERRAL FORM FOR LOCATION INFORMATION / INSURANCE LIST